

**Rowan County**



**Public Health**  
Prevent. Promote. Protect.

**Rowan County Environmental Health Division  
402 N. Main St., Suite 106, Salisbury, N.C. 28144**

**TEMPORARY FOOD ESTABLISHMENT  
FOOD VENDOR APPLICATION**

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. A separate Temporary Food Establishment application is required for each vendor. **This application, along with a fee of \$75.00, must be received by the Rowan County Environmental Health Division 15 days prior to the event.** Make your check payable to the Rowan County Health Department. Please complete the entire application, sign, and date.

**Event Information**

Event Name \_\_\_\_\_  
Event Location \_\_\_\_\_  
Event Organizer \_\_\_\_\_  
    Name \_\_\_\_\_  
    Mailing Address \_\_\_\_\_  
    Phone No. \_\_\_\_\_  
Event Date \_\_\_\_\_  
Hours of Operation \_\_\_\_\_  
Set-Up           Date \_\_\_\_\_ Time \_\_\_\_\_  
Tear-Down      Date \_\_\_\_\_ Time \_\_\_\_\_

**Vendor Information**

Vendor Name \_\_\_\_\_  
Vendor Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Vendor Phone No   Home \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Prior Event of Operation (if applicable) \_\_\_\_\_

**Operations Information**

List all menu items (including beverages) or attach a copy of menu:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all sources of food: \_\_\_\_\_

\_\_\_\_\_

How will you keep foods hot? \_\_\_\_\_

\_\_\_\_\_

How will you keep foods cold? (coolers shall have drains)

\_\_\_\_\_

Where will your water be obtained? \_\_\_\_\_

\_\_\_\_\_

How will your wastewater be disposed? (waste tank 15% larger than fresh)

\_\_\_\_\_

How are vegetables/fruits washed? \_\_\_\_\_

\_\_\_\_\_

Food Handling Procedures? \_\_\_\_\_

\_\_\_\_\_

A complete set of rules and other information is available at:

<http://www.rowancountync.gov/government/departments/healthdepartment/environmentalhealth.aspx>

Before the Health Department representative arrives, you should address the following items:

- \_\_\_\_\_ Employee Health Policy (available at our office or on web site)
- \_\_\_\_\_ Sanitizing solution and test strips (ex: non-scented household bleach with concentration of at least 50 ppm)
- \_\_\_\_\_ Metal Stem Thermometer that reads 0-220F on the tip or a digital thermometer
- \_\_\_\_\_ Alcohol Swabs to sanitize thermometers
- \_\_\_\_\_ Back up method available if using sternos in case of windy conditions
- \_\_\_\_\_ Water under pressure for hand washing (continual pressure without manual assistance, can be gravity fed) 2 gallons of water – minimum
- \_\_\_\_\_ Gloves, tongs, spoons, etc – No bare hand contact with ready to eat foods
- \_\_\_\_\_ Separate hand wash sink with soap & paper towels or station with soap and paper towels
- \_\_\_\_\_ Hair restraints (baseball cap, hairnet, or visor)
- \_\_\_\_\_ Ice scoops and separate storage container with drain for ice to be used with drinks
- \_\_\_\_\_ Food must be from approved source and stored off floor/ground (ex: pallets, crates, etc)
- \_\_\_\_\_ All food handling and cooking must be done in a protected area. This area shall have overhead coverage. Grills the pose a safety risk from being under overhead coverage shall have a lid
- \_\_\_\_\_ Open food displays must be protected by sneeze guards or other approved barriers
- \_\_\_\_\_ 3 basin set up (wash, rinse, and sanitize) counter space for air drying
- \_\_\_\_\_ Ground cover (except for pavement, concrete, or grass)
- \_\_\_\_\_ Light source for night time operation and necessary utility sources such as a generator
- \_\_\_\_\_ No food prepared until permitted (seasoned, prepped, cooked, etc)
- \_\_\_\_\_ Towels/wiping cloths stored in sanitizer or a spray bottle of sanitizer
- \_\_\_\_\_ Capability of heating water for hand washing and utensil washing
- \_\_\_\_\_ Protection against flies or other insects by use of screening or fans

Temporary Food Establishment Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_ (Print Name) \_\_\_\_\_

Receipt amount \_\_\_\_\_ Receipt Number \_\_\_\_\_

- Nonprofit groups that have a tax exempt status are exempt from these rules. This exemption is available for two consecutive days once per month. These groups may be asked to provide proof of their tax-exempt status. Groups that serve certain types of food may also be exempt.
- Office hours are Monday-Friday 8:00am – 5:00pm to submit an application and pay fee. **Representatives are available to answer questions from 8-8:30 am and 4:30-5:00 pm.** Office phone is 704-216-8525.

List your equipment here: \_\_\_\_\_  
\_\_\_\_\_

DRAW LAYOUT OF SET UP BELOW (additional sheet of paper may be added):